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AIDS - New Zealand

INTRODUCTION

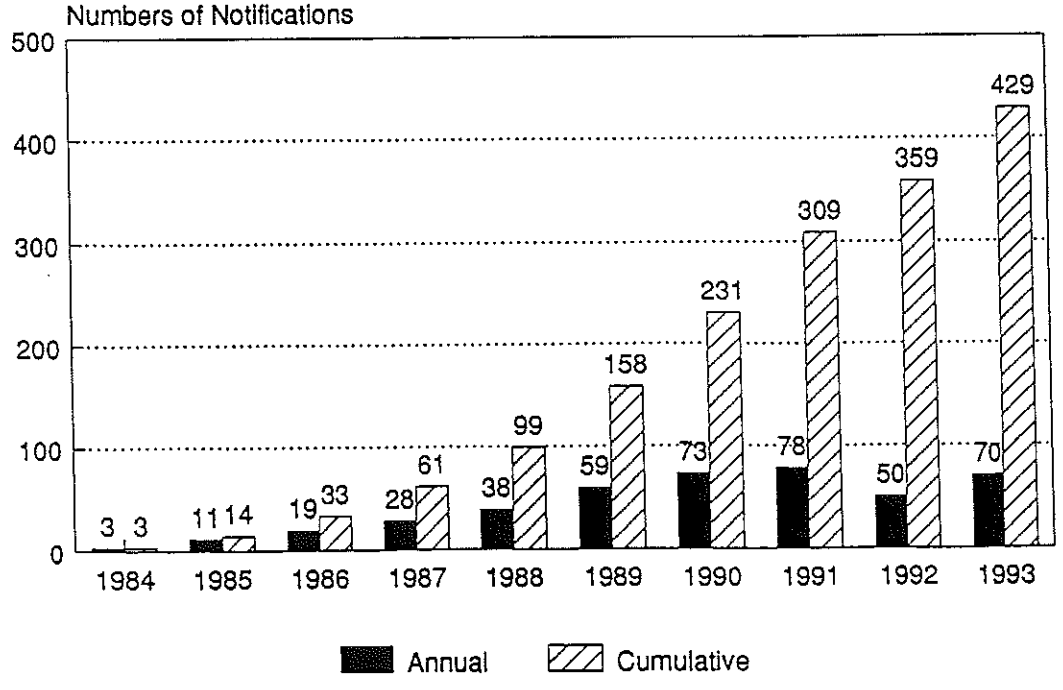
This, the twentieth issue of 'AIDS - New Zealand', provides information about the occurrence of acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) in New Zealand to 31 December 1993.

These reports are produced quarterly by the AIDS Epidemiology Group, which is funded by the Public Health Commission. We aim to give timely and relevant details about the occurrence of HIV/AIDS in New Zealand and elsewhere.

AIDS IN NEW ZEALAND

Eighteen people were notified as having AIDS in the final quarter of 1993. 17 were male and one female. A person notified as having AIDS in 1989 has been removed from the register, as it has now been appreciated that he has never suffered from an AIDS-defining condition. The total number notified to 31 December 1993, was 429.

Figure 1 shows the corrected annual and cumulative numbers of notifications since 1984. The



higher number of notifications in 1993 compared to 1992 was due to delayed notifications of patients diagnosed in earlier years.

Risk behaviour categories of people with AIDS

Of the 17 men notified with AIDS in the final quarter of 1993, 15 reported having had sex with other men. For the other two men, the likely means of transmission of HIV could not be determined by the notifying clinician. The one woman notified with AIDS during that quarter was infected heterosexually.

Table 1 shows the likely risk behaviour categories of the people notified with AIDS (and those diagnosed as being infected with HIV) during 1993, and in total to the end 1993.

PEOPLE FOUND TO BE INFECTED WITH HIV IN NEW ZEALAND

In the three months to 31 December 1993, 24 people were newly found to be infected with HIV. Of these 24, 13 were male, 10 were female, and the sex of the remaining person was not stated.

As seen in Table 1, 90 people were found in New Zealand to be infected with HIV in 1993, and 908 in total to the end of that year.

As always care must be taken in interpreting the HIV antibody data. Not all people at risk will have been tested, and testing may not be requested until many years after infection has occurred.

Risk behaviour categories of people infected with HIV

Of the 13 men found to be infected with HIV in the final quarter of 1993, 10 were reported to have had sex with men; two were considered to have been heterosexually infected (one overseas, while no further information was provided about the other heterosexually infected man); and one man was reported as being an injecting drug user.

All 10 females found to be infected were considered to have been heterosexually infected. Some further information was available about five of these 10 women. Three were reported to have had sex with men from an area of Africa where heterosexual transmission is common; one to have been infected in Australia; and one to have had partners who were injecting drug users.

As seen in Table 1, the number and proportion of women found to be infected with HIV in 1993 was higher than in previous years.

As with all such HIV data, care must be taken in interpreting such figures as there may have been changing patterns of testing. In the last quarter of 1993 it is possible that more women were tested as a result of a well publicised case reported in the media.

However it is clear that women are being infected in this country. Most such women have had sexual contact with men in groups at high risk of HIV.

Age of people found infected with HIV

Age, at the time of diagnosis, was known for 23 of the 24 people found to be infected with HIV in the final quarter of 1993.

Of these 23, 12 were in the age group 20-29yr.

Of the 10 men who had had sex

Table 1 Category of risk behaviour by date of notification of people with AIDS, and those identified as HIV antibody positive

	AIDS				HIV antibody positive*			
	12 Months to 31.12.93		Total to 31.12.93		12 Months to 31.12.93		Total to 31.12.93	
	No.	%	No.	%	No.	%	No.	%
Homosexual or bisexual+	52	73.2	357	83.2	50	55.6	521	57.4
Homosexual & IDU+	2	2.8	9	2.1	3	3.3	10	1.1
Injecting drug user (IDU)								
Male	2	2.8	7	1.6	4	4.4	21	2.3
Female	0	0	3	0.7	0	0	5	0.6
Blood product recipient+	2	3.1	6	1.4	0	0	28	3.1
Transfusion related								
Male	0	0	1	0.2	0	0	2	0.2
Female	0	0	1	0.2	0	0	5	0.6
Unknown	0	0	0	0	0	0	5	0.6
Heterosexual								
Male	2	2.8	14	3.3	6	6.7	16	1.8
Female	7	9.9	14	3.3	16	17.8	37	3.4
Perinatal								
Male	0	0	0	0	0	0	1	0.1
Female	0	0	1	0.2	0	0	1	0.1
Not stated or unknown								
Male	4	5.6	16	3.7	8	8.9	233	25.7
Female	0	0	0	0	1	1.1	12	1.3
Unknown	0	0	0	0	2	2.2	11	1.2
TOTAL	71	100.0	429	100.0	90	100.0	908	100.0

\+ All male
* Includes people who have developed AIDS

with other men, four were in the age group 20-24yr. It is reasonable to assume that they have been infected since the promotion of safer sex among gay men in New Zealand. The promotion of safer sex among gay men needs to continue.

OUTCOME

The outcome of the 429 people notified as having AIDS by 31 December 1993, as known to us at the time of publication, is shown in Table 2.

Table 2 Outcome of people with AIDS

Alive	72
Known to have died	340
Lost to follow up	3
Overseas	14
Total	429

ETHNIC DISTRIBUTION OF PEOPLE WITH AIDS

Table 3 shows the ethnic groups of people with AIDS. Ethnicity is not recorded for the people reported as being HIV antibody positive.

Table 3 Ethnic groups of people notified with AIDS to 30 June 1993

	No.	%
European/Pakeha	357	83.2
Maori	46	10.7
Pacific Islander	8	1.9
Other	11	2.6
Unknown	7	1.6
Total	429	100.0

THE IMPORTANCE OF STERILISATION WHERE BLOOD IS INVOLVED

There have been several recent reports in the international medical press about lapses in instrument hygiene which may have resulted in patients becoming infected, or being put at risk of infection, with blood-borne viruses.

In one of these, five patients of an Australian surgeon who had attended his clinic on the same day were found to be infected with HIV. Some failure of infection control resulting in cross-infection from an infected patient was considered to be the only plausible explanation.

In addition to HIV, the viruses of most concern in this country are those causing hepatitis B and C. These viruses can all be spread by contaminated blood, and are common among certain groups in New Zealand.

The Australian outbreak emphasises the need to ensure that instruments, and other equipment, which may have been contaminated with blood, are never reused unless appropriately sterilised. This applies to all equipment used where the skin is breached or bleeding occurs, such as commonly occurs in dentistry, acupuncture, tattooing, ear piercing, as well as in surgery.

Reusable instruments should be autoclaved, or subjected to other forms of effective heat or chemical treatment.

Whatever method is chosen, the means of sterilisation must be able to cope with the number and rapidity of patient contacts.

If sterilisation is not possible, than disposable equipment should be used. Such equipment, and any associated potentially contaminated fluid, should be disposed of carefully, as soon as possible after use. Guidelines for health professionals on sterilisation have been published in HIV/AIDS Information for Health Professionals, Department of Health, June 1993.

Public understanding of the risks of cross-infection has helped to encourage improvements in sterilisation practices in the United States.

A recent editorial in the Lancet commented that professionalism among those who treat patients, and an increased awareness of recently recognised agents such as HIV and hepatitis C, should ensure that instrument sterilisation is taken seriously. Nevertheless, the AIDS Epidemiology Group is concerned by reports that not all health professionals in New Zealand are following the necessary precautions.

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